

**CONTRIBUTOR**    INDIVIDUAL    BUSINESS    FOUNDATION

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUITE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PREFERRED PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**TYPE OF CONTRIBUTION**    AUCTION GIFT CERTIFICATE    AUCTION ITEM    PRODUCT / SERVICE

ESTIMATED VALUE OF GIFT(S): \_\_\_\_\_ EXPIRATION DATES OR RESTRICTIONS: \_\_\_\_\_

DESCRIPTION OF DONATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- DONATION OR GIFT CERTIFICATE ENCLOSED    NEEDS TO BE PICKED UP  
 WOULD LIKE HOSPITAL TO MAKE GIFT CERTIFICATE ON OUR BEHALF

*The value and description of the donation is subject to change when presented in the silent auction. All information regarding the item is at the final discretion of Scottish Rite for Children.*

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I  WOULD    WOULD NOT   LIKE MY NAME / COMPANY NAME TO APPEAR IN ALL PUBLICATIONS.

*Please PRINT exactly as it should appear in promotional materials, including capitalizations and abbreviations.*

\_\_\_\_\_

**SIGNATURE**

SIGNATURE OF DONOR: \_\_\_\_\_ DATE: \_\_\_\_\_

*Please mail this form to:*